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| <b>REQUEST FOR<br/>CONTINUED EXAMINATION<br/>(RCE) Transmittal</b><br><br>Mail Stop RCE | Application # 10/582,512<br>Confirmation # 2911<br>Filing Date June 9, 2006<br>First Inventor JAMIA<br>Art Unit 1791<br>Examiner Dye, Robert C.<br>Docket # P08950US00/DEJ |
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**This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above application.**

*RCE practice does not apply to any utility application filed prior to June 8, 1995, or to any design application.  
Prosecution must be closed.*

| <b>Submission required<br/>under 37 CFR § 1.114</b>  | <i>Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise (with a separate request for non-entry).</i> |  |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
|--|---|--|---------------|--------------------------------------|-----|-----------------------|---------------|------|----|---------------------------------------|---|------|--|-----------|--|---|---|-----|--|------------|--|---|--|--|--|----------|-----|--|--|--|--|--------------------------------------|-----|--|--|--|--|--------------------|-----|--|--|--|--|-------------------|-----|--|--|--|--|--------|-----|--|--|--|--|--------|-----|--|--|--|--|----------------------------|-----|
| <input type="checkbox"/> <b>Previously submitted.</b> If a final Office action is outstanding, any amendments filed after the final Office action may be considered by the PTO as a submission even if the box for the following line is not checked.<br><input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on<br><input type="checkbox"/> Other:<br><input checked="" type="checkbox"/> <b>Enclosed</b>  |   |  |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> Affidavit(s)/Declaration(s)  |   | <input type="checkbox"/> Information Disclosure Citation<br><input checked="" type="checkbox"/> Other: Attachments – Claims Listing and Remarks;<br>Petition for Extension of Time |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <b>Miscellaneous</b>   |   |  |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <input type="checkbox"/> <b>Suspension of action</b> on the above-identified application is requested under 37 CFR § 1.103(c) for a period of            months ( <i>Period of suspension shall not exceed 3 months; Fee under 37 CFR§ 1.17(i) required</i> )<br><input type="checkbox"/> Other:   |   |  |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <b>FEES</b> calculated below (after reduction for an amendment if noted above).  |   |  |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">NOW</th> <th style="width: 30%;">Basic/Previous Number</th> <th style="width: 15%;">Present Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 15%; text-align: right;">\$</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> TOTAL CLAIMS</td> <td style="text-align: center;">6</td> <td style="text-align: center;">- 20</td> <td></td> <td style="text-align: right;">X \$ 52 =</td> <td></td> </tr> <tr> <td><input type="checkbox"/> INDEPENDENT CLAIMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3</td> <td></td> <td style="text-align: right;">X \$ 220 =</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$ 810 =</td> <td style="text-align: right;">810</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS</b> =</td> <td style="text-align: right;">810</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>REDUCTION</b> =</td> <td style="text-align: right;">405</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>SUBTOTAL</b> =</td> <td style="text-align: right;">405</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">+ \$ =</td> <td style="text-align: right;">555</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">+ \$ =</td> <td style="text-align: right;">960</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>TOTAL OF ALL FEES</b> =</td> <td style="text-align: right;">960</td> </tr> </tbody> </table> |   |  |               |                                      | NOW | Basic/Previous Number | Present Extra | Rate | \$ | <input type="checkbox"/> TOTAL CLAIMS | 6 | - 20 |  | X \$ 52 = |  | <input type="checkbox"/> INDEPENDENT CLAIMS | 1 | - 3 |  | X \$ 220 = |  | <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) |  |  |  | \$ 810 = | 810 |  |  |  |  | <b>TOTAL OF ABOVE CALCULATIONS</b> = | 810 |  |  |  |  | <b>REDUCTION</b> = | 405 |  |  |  |  | <b>SUBTOTAL</b> = | 405 |  |  |  |  | + \$ = | 555 |  |  |  |  | + \$ = | 960 |  |  |  |  | <b>TOTAL OF ALL FEES</b> = | 960 |
|  | NOW   | Basic/Previous Number  | Present Extra | Rate                                 | \$  |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <input type="checkbox"/> TOTAL CLAIMS  | 6   | - 20   |               | X \$ 52 =                            |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <input type="checkbox"/> INDEPENDENT CLAIMS  | 1   | - 3  |               | X \$ 220 =                           |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)  |   |  |               | \$ 810 =                             | 810 |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
|  |   |  |               | <b>TOTAL OF ABOVE CALCULATIONS</b> = | 810 |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
|  |   |  |               | <b>REDUCTION</b> =                   | 405 |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
|  |   |  |               | <b>SUBTOTAL</b> =                    | 405 |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
|  |   |  |               | + \$ =                               | 555 |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
|  |   |  |               | + \$ =                               | 960 |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
|  |   |  |               | <b>TOTAL OF ALL FEES</b> =           | 960 |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <input checked="" type="checkbox"/> Payment of <b>\$960</b> is made by: <input checked="" type="checkbox"/> <b>ELECTRONIC FUNDS TRANSFER</b> submitted herewith.<br><input type="checkbox"/> <b>CREDIT CARD</b> (Form PTO-2038 is enclosed).   |   |  |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |
| <input checked="" type="checkbox"/> The Director is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:<br>(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or<br>(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.   |   |  |               |                                      |     |                       |               |      |    |                                       |   |      |  |           |  |   |   |     |  |            |  |   |  |  |  |          |     |  |  |  |  |                                      |     |  |  |  |  |                    |     |  |  |  |  |                   |     |  |  |  |  |        |     |  |  |  |  |        |     |  |  |  |  |                            |     |

Date: February 1, 2010

/Douglas E. Jackson/

Signed By Name: Douglas E. Jackson  
Attorney of Record Registration No.: 28,518

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